



## CO Workers' Comp Claim Report

### Instructions to order search

To order a CO Workers' Compensation claim report, please follow these instructions:

1. Order the CO Workers' Comp claim report online through your NCS account.
2. Complete the attached CO Workers' Compensation Authorization form. **This must be NOTARIZED.**
3. Fax the completed forms to NCS at 800-571-6303.

The results will be uploaded to your online account and an e-mail will be sent to you as soon as the results are available. Results are normally available within 6 - 8 business days.

Contact NCS if you have any questions.

Phone: 888-527-3282

FAX: 800-571-6303

E-mail: [support@nationalcrimesearch.com](mailto:support@nationalcrimesearch.com)

Thank you for your business.

Sincerely,

NCS Support

**Your Background Screening Partner**

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT  
Division of Workers' Compensation  
633 17<sup>th</sup> Street, Suite 400  
Denver, CO 80202-3660  
Phone: (303) 318-8700 | Toll Free: (888) 396-7936  
Fax: (303) 318-8710

**AUTHORIZATION FOR RELEASE OF LIMITED INFORMATION TO THIRD PARTIES**

Claimant Social Security Number: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Requestor (Third Party) Name: National Crime Search

Employer Business Name: \_\_\_\_\_

The above referenced claimant authorizes limited access to above-mentioned requestor to all workers' compensation files on record as stated below. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant is revoking said authorization.

**Information provided shall be limited to:**

- Workers' Compensation Number
- Date of Injury
- Part of Body
- Employer

\_\_\_\_\_  
Claimant's Signature (in presence of notary)

\_\_\_\_\_  
Date Signed (to be completed by claimant)

**Authorization must be signed and dated by the claimant.**

**Notarization is required.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**When using an embossed seal, please shade before faxing.**

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

by \_\_\_\_\_  
(Print name of claimant)

Place notary seal here

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_

**Altered forms will not be accepted.**